

**DECLARATION
AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

STITCH-BONDED FABRICS UTILIZING STRETCHABLE SUBSTRATES

and for which a patent application:

- ☒ is attached hereto and includes amendment(s) filed on *(if applicable)*
- ☐ was filed in the United States on as Application No. with amendment(s) filed on *(if applicable)*
- ☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (N/A).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE

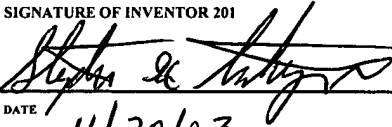
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint H.T. Than (Reg. No. 38,632) whose address is 3201 New Mexico Avenue, N.W., Suite 350, Washington, D.C. 20016, as my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

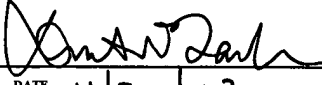
SEND CORRESPONDENCE TO:		The H.T. Than Law Group 3201 New Mexico Avenue, N.W., Suite 350 Washington, D.C. 20016		DIRECT TELEPHONE CALLS TO: (202) 363-2620	
201	FULL NAME OF INVENTOR	LAST NAME TSIARKEZOS	FIRST NAME STEPHEN	MIDDLE NAMES H.	
	RESIDENCE & CITIZENSHIP	CITY ELKTON	STATE OR FOREIGN COUNTRY MARYLAND	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA	
	POST OFFICE ADDRESS	STREET 26 LAUREL RUN RD.	CITY ELKTON	STATE OR COUNTRY MARYLAND	ZIP CODE 21921
202	FULL NAME OF INVENTOR	LAST NAME ZAFIROGLU	FIRST NAME DIMITRI	MIDDLE NAMES PETER	
	RESIDENCE & CITIZENSHIP	CITY CENTREVILLE	STATE OR FOREIGN COUNTRY DELAWARE	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA	
	POST OFFICE ADDRESS	STREET 303 PENTLAND DRIVE	CITY CENTREVILLE	STATE OR COUNTRY DELAWARE	STREET 19807
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
204	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
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	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
205	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
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	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
206	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 11/20/03	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

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